



## IMPORTANT UPDATE – April 2006

### PHYSICIAN and PHARMACY Providers

### Preferred Drug List changes for the State of Georgia MEDICAID and PeachCare for Kids programs

**EFFECTIVE January 1, 2006**

### *Phase V PDL Changes- Updated*

As communicated to you in the past, the Georgia Department of Community Health (DCH) is revising its current PDL for maximum clinical and cost effectiveness due to the continued growth in drug expenditures. Listed below are the preferred products in the next fifteen (15) therapeutic categories impacted by this revision of the preferred drug list. *All current quantity level limitations apply.*

Therapeutic Category	Preferred	Non-Preferred
Beta Blockers and Beta Blocker-Diuretic Combinations	Coreg, Corzide, Levatol, Generic Beta Blockers, Generic Beta Blocker Diuretic Combos and Timolide	Innopran XL, Toprol XL, Branded Beta Blockers and Branded Beta Blocker Diuretic Combos with available generic equivalents
Serotonin Receptor Agonists	Amerge, Axert, Imitrex (tabs, injection, nasal spray), Maxalt, Maxalt MLT, Relpax and Zomig (tabs, ZMT tabs, and spray)	Frova and Migranal NS
New Generation Antidepressants	Effexor, Effexor XR, Wellbutrin XL, Budeprion, Buproban, Bupropion, Bupropion SR, Bupropion HCL Tab SA, Maprotiline, Mirtazapine, Mirtazapine Tab Rapdis, Nefazadone and Trazadone	Cymbalta and Branded products with generics available
Thiazolidinediones (TZD's)	Actos and Avandia	None
Biguanide Combinations and Misc Antidiabetics	Actoplus Met, Avandamet, Avandaryl, Metaglip and Glyburide/Metformin	Branded products with generics available

Therapeutic Category	Preferred	Non-Preferred
Topical Immunomodulators	Elidel* and Protopic*	None
<b>* Requires prescription history of topical steroids prior to topical immunomodulators except for children 2-12 years of age for facial eczema.</b>		
Urinary Tract Antispasmodics	Detrol LA, Ditropan XL, Enablex, Oxytrol, Sanctura, Vesicare, Flavoxate and Oxybutynin	Branded products with generics available
Immunomodulators	Enbrel, Humira and Remicade	Kineret*
<b>*Current Kineret users will be grandfathered</b>		
Low Sedating Antihistamines and Combination Products**	Generic loratadine products, generic loratadine-D products, Clarinex***, Clarinex-D***, Clarinex Syrup*** and Zyrtec Syrup (preferred for children <2 years of age only)	Branded loratadine products, Allegra, Allegra-D, Clarinex (rapidly dissolving tablets), Zyrtec, Zyrtec-D, and Zyrtec Syrup
<b>** Limit of 6 fills per rolling year for patients &gt;21 years of age</b>		
<b>*** Requires prescription history of generic loratadine, loratadine-D, or loratadine Syrup prior to Clarinex, Clarinex-D, or Clarinex Syrup. Prescription history not required for children &lt; 2.</b>		
Leukotriene Modifiers****	Accolate, Singulair, and Zyflo	None
<b>**** Patient's prescription claims history must indicate a diagnosis of asthma</b>		
Ophthalmic Antihistamines	Elestat, Emadine, Optivar, Patanol, and Zaditor	None
Ophthalmic Mast Cell Stabilizers	Alamast, Alocril, Alomide, Crolom, Opticrom, and Cromolyn Sodium Ophthalmic	None
Ophthalmic Quinolones	Ciloxan, Ocuflox Drops, Quixin, Vigamox, Zymar, Ciprofloxacin HCL Drops, and Ofloxacin Drops	None
Prostaglandin Agonists-Ophthalmic	Lumigan, Travatan and Xalatan	None
Sedative Hypnotics	Ambien, Ambien CR, Lunesta, Rozerem and Sonata	None

Please note that the State Health Benefit Plan and the Board of Regents plan no longer utilize the same preferred drug list as Georgia Medicaid, therefore, the above changes do not impact these plans. We appreciate your continued participation in the Georgia Medicaid program. If you have any questions, please contact Express Scripts Customer Service at 1-877-650-9340.